Problem/Need

- Approximately 8-10 Veterans were dying alone in general hospital population annually.
- Hospice suite policy required caregiver attendance with Veteran 24-7.
- Heard about No One Dies Alone program and a similar program in development for Veterans on a monthly Palliative Care Council call.
- Researched program availability in National VAMC’s and found there was no such program available to Veterans in the northeast.

Method

- In July 2012, applied for a grant through Veterans Education & Research Association of Northern New England, Inc. (VERANNE) to fund education for volunteer staff to become bedside companions for Veteran(s) who would be alone at end of life.

Results

- Completed first year of No Veteran Dies Alone Program, April 2014.
- Over 286 volunteer hours have been logged for 12 Veterans in the hospice suite(s). These hours include Caregiver Respite and Home Visits.

Lessons Learned

- Response was much greater than I anticipated!
- Process to register volunteers and complete background checks was labor intensive and expensive and slowed training progress.
- Process for obtaining a volunteer badge must be completed annually and concerned that this will cause attrition of volunteers.
- Staff education and marketing of the program was necessary in order to allow Veterans without caregivers to utilize hospice suite.
- Communication is important and necessary on all levels.
- Not all 24 trained volunteers have been utilized in one year.
- The need for future training and additional volunteers is uncertain.

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